Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	297	A. BUILDING _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE CREST HOME CARE	4462 FARMCREST DRIVE, LAS VEGAS, NEVADA ,89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 02/20/2025, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, Category II residents. The census at the time of the survey was ten. Ten resident files and six employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CHARO DALE | Title: Supplier representative | Date: 02/27/2025

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0592 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity; Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 10 resident's were well groomed (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 06/02/24 with a diagnosis of heart failure. On the morning of 02/20/25, R1 was lying in bed with their fingernails approximately half an inch long. R1 mentioned not having their nails trimmed since moving in and noted the Caregiver planned to clip them that day. The nail trimming had been discussed with the Caregiver before this date. On the morning of 02/20/25, the Caregiver acknowledged R1's nails needed trimming. The Caregiver stated R1 had requested their nails be trimmed, but due to the Caregiver's busy schedule and occasional mismatched availability, R1 was not always ready when the Caregiver was, which delayed the trimming. Severity: 2 Scope: 1	0592	1. In order to correct this citation, caregiver wll make sure that nails are cleaned and trimmed at all times. 2. In order to ensure that tgis citation will not recur, nails will be rtrimmed at least once a month to keep it short and clean. 3. Caregivers and Owner will make sure this correction is monitored at all times 4. Lead caregiver and Owner will be responsibkle to make sure that their nails are cleaned and trimmed. 5. corrective action was 2/20/2025	02/20/2025

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured. Findings include: On 02/20/25 9:10 AM, the overflow medication cabinet was unsecured containing resident's medications. On 02/20/25 9:10 AM, the Caregiver acknowledged the medication cabinet was unsecured and indicated it should have been locked. Severity: 2 Scope: 3	0920	1. In order to correct this citation, the cabinet will be locked at all times. 2. In order to ensure that this deficiency will not recur, caregivers will make guarantee that the cabinets are lock at all times. 3. Lead caregiver and owner will monitor this correctve action. 4. Lead caregiver and owner will be responsible to ensure that plan of correction is implemented. 5. Corrective action was done 2/20./2024	02/20/2025